TO: City Colleges of Chicago (CCC) Vendors  
RE: Vendor Application Process

Please submit the required vendor information listed below so that your firm can qualify to be entered into the CCC vendor database. These forms must be completed before you can do/continue to do business with City Colleges of Chicago. Please submit your entire vendor packet via e-mail to procurementservices@ccc.edu.

- CCC Vendor's List Application Form
- IRS W-9 Form – sign and return
- Agreement to CCC Terms and Conditions – sign and return
- Agreement to CCC Ethics Orientation for Vendors/Contractors – sign and return
- Certified Minority (MBE) and Women-Owned Businesses (WBE) – please submit updated certification documents – CCC accepts certification from the following agencies: City of Chicago, State of Illinois, Chicago Transit Authority, Metropolitan Water Reclamation District, Metra, Cook County, Amtrak, Pace, and Women’s Business Development Center
- Individuals/Sole Proprietors - Vendors must also complete
  - Personal Service Contractor’s and Contractor’s Key Personnel Data Form – only to be completed and returned by providers of goods and/or services who are using a social security number as their business identification number instead of a Federal Employer Identification Number (FEIN)
- National Institute of Governmental Purchasing (NIGP) Commodity Codes:
  - Circle the product classification that your firm can provide. If you provide commodities not represented from the list, please identify those items in the spaces provided below:

  ___________________________  ___________________________  ___________________________
  ___________________________  ___________________________  ___________________________
  ___________________________  ___________________________  ___________________________

If you should have any questions, please contact the Procurement Services Department at (312) 553-2590.
VENDOR’S LIST APPLICATION FORM

1. VENDOR INFORMATION
Name: __________________________ FEIN or Social Security #: __________________
Years in Business: ________ Dun & BradStreet #: (if applicable)________________________
Parent Vendor Name (if applicable): ______________________________________

2A. APPLICANT’S MAILING ADDRESS FOR BIDDING FORMS AND PURCHASE ORDERS:
Address: ________________________________ Telephone: ____________________________
City: _________________________________ State:________ Zip Code: ____________

2B. PERSONS TO CONTACT FOR BIDS, AND CONTRACTS:
Name       Title    Telephone
_______________________________   __________________________ ________________________
_______________________________   __________________________ ________________________

3. MAILING ADDRESS FOR PAYMENTS (IF DIFFERENT FROM ITEM 2):
Address: ________________________________ Telephone: ____________________________
City: _________________________________ State:________ Zip Code: ____________

3A. PAYMENT PREFERENCE: Please check all boxes that apply.
□ ACH    □ Check

Please submit your payment preference information which is required below:
ACH Preferred:
Bank’s Name: ________________________________
Account Number: __________________ ABA Routing Number:____________________

Check Preferred:
Vendor’s Name: ________________________________
Address: ________________________________
City:___________________________ State:______________ Zip Code:_________________
4. M/WBE AND SBA VENDORS: (If applicable)

☐ Certified Small Business Enterprise (SBA) (Letter of certification must be attached)
☐ Certified Women’s Business Enterprise (WBE) (Letter of certification must be attached)

☐ Certified Minority Business Enterprise (MBE) (Letter of certification must be attached)
☐ Certified Business Enterprise Owned by People with Disabilities (BEPD) (Letter of certification must be attached)

Ethnicity: Please check appropriate category
☐ Asian ☐ American Indian ☐ Black ☐ Hispanic ☐ Other: ________________________

5. TAX INFORMATION

* Note: Completed W-9 forms must be submitted with the vendor application.

Organization Type:
☐ Corporation ☐ Individual ☐ Partnership ☐ Other: ________________________

☐ Foreign Corporation ☐ Foreign Government Agency ☐ Foreign Partnership ☐ Government Agency

Tax Reporting Name (If different from Vendor Name): ______________________________________

6. CORPORATIONS AND PARTNERSHIPS - Please supply the following information:

President: ____________________________ Secretary: ____________________________
Vice-President: ________________________ Treasurer: ____________________________
Owners or Partners: _____________________________________________________________
_____________________________________________________________________________

IMPORTANT: City Colleges of Chicago requires that no employee or Board of Trustee may have a special interest in any contract paid with funds belonging to or administered by the Board of Trustees. If you/your firm has such a relationship, attach a separate sheet explaining that relationship. All transactions are governed by the laws of the State of Illinois, the Illinois Public Community College Act, and Board of Trustees Rules for the Management and Government of the City Colleges of Chicago.

I hereby certify that the neither the vendor nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in a contract or agreement with any federal, state, county or local department or agency. If the vendor is unable to certify to this statement, it must attach an explanation to this application.

I hereby certify that the information supplied herein is correct.

_________________________________  _________________________________ ________________
Name and Title (Please print or type)    Signature         Date